

## ACKNOWLEDGMENT OF CONDITIONS OF ASSIGNMENT (Volunteers, Students)

I have read the attached policy regarding non-County workforce members and agree to the following conditions of County assignment:

- I understand and agree that I am not an employee of Los Angeles County for any purpose and that I do not have and will not acquire any rights or benefits of any kind from the County during the period of my assignment in County facility(ies)
- Los Angeles County appointment can be terminated, changed, or altered by the County at any time, with or without cause or prior notice. This policy includes and applies to, without limitation, alternation of status, and cannot be changed in any way except by written agreement between myself, the employing/sponsoring entity and an authorized officer of the hospital in which I am assigned.
- Scope of Assignment:  
Check one
  - ☐ The scope of my assignment involves direct patient care activities for which I will maintain current licensure, certification and/or registration without restriction and provide evidence to the appropriate authorities at the medical center or facility.
  - ☐ The scope of my assignment does not involve direct patient care duties, although if my assignment requires licensure, certification and/or registration, I will keep it current and without restriction.
- Liability Insurance and Workers Compensation Benefits:  
Check one
  - ☐ I am a student, and I understand that any Liability Insurance and Workers Compensation Benefits afforded to me are the responsibility of my sponsoring academic institution, agency or employer, unless otherwise contractually provided. The County of Los Angeles shall be held harmless and will not defend or insure me against any *liability* resulting from any act or omission whether arising within, or outside of, the course and scope of my assignment.
  - ☐ I am an officially enrolled Volunteer of the Los Angeles County Department of Health Services, and I understand that the County will defend and insure me against any *liability* resulting from an act or omission occurring during the course and scope of my volunteer work assignment. I also understand, however, that the County will not defend or insure me from liability resulting from my actual fraud, corruption or actual malice.
- I must be free of communicable disease, including, but not limited to, tuberculosis, hepatitis B, varicella, rubella, and rubeola and provide verifying evidence to the hospital's Occupational/Employee Health Services as a prior condition of my assignment and annually or as required by the Occupational/Employee Health Services.
- I must submit to fingerprinting for a criminal background check from the State Department of Justice or F.B.I. Any information received from the background check that I have not disclosed may constitute grounds for immediate dismissal or release.
- I must complete mandatory orientation processes (i.e., New Workforce Orientation and area/unit based) immediately upon being appointed to my assigned hospital and/or its associated facilities.
- The photo-identification badge issued by DHS Human Resources must be worn at all times, as defined in the hospital policies and procedures, and prominently displayed for review by patients, other workforce members and the public. The badge must be returned to the facility Human Resources office during normal business hours or to the assigned area designee during off-shifts (i.e., holidays, after business hours). Failure to adhere to the identification badge policy will result in release from assignment.
- Research activities are confined to the specific requirements of the Institutional Review Board (IRB)-approved project assigned, as applicable.
- I may not enter into any patient care or work area except as defined in my job description, applicable assignment and/or IRB-approved research project. Exceptions must be approved in writing by the Chief Medical Officer, appropriate Executive staff member, and/or Associate Dean, Graduate Medical Education.
- Patient records are confidential documents that shall be kept confidential and never removed from the County facility providing the patient's care. Patient records will not be photocopied without the consent of the patient and the Director of Health Information Management. Access to patient records for research is limited to records required for the specific IRB-approved research project assigned and must be under the direction of the supervisor.
- Use of County resources (telephones, facsimile machines, computers, e-mail, Internet, copiers, medical equipment, etc.) is restricted to activities required in my job description and/or appropriately required by the identified assignment.
- I declare that I am not currently and will not, for the duration of my volunteer/student assignment with the County, engage in any paid/unpaid outside activity that is incompatible to or inconsistent with my County assignment.
- I will not receive compensation from sources other than my employer/sponsoring agency/academic institution for performing my County assignment, if applicable.

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Name (printed) and Signature

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Staff ID #

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Date

I provided the non-County workforce member above with a copy of the Comprehensive Policy Statement and this signed Acknowledgment of Conditions of Assignment.

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HR Representative Name (printed) and Signature

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Dept. #

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Date